

EXHIBIT “K”

This is an attempt to collect a debt from a debt collection agency.
Any information obtained will be used for that purpose.

Credit Card payments will appear on your next credit card statement as "HRRG".

For your convenience you may pay by MasterCard, VISA, American Express or Discover. Check the appropriate box, print the cardholder's name as it appears on the card, the card number, the expiration date, sign and return this portion of your statement.

INSURANCE INFORMATION

Insurance Company: _____

Claims Address: _____

City, State, Zip: _____

Policy Number: _____

Group Number: _____

Subscriber's Name: _____





Relationship: _____

Medicare Number: _____

Change of Address:

Address: _____ Apt./Unit#: _____

City: _____ State: _____ Zip: _____

Please Check Appropriate Box	
CREDIT CARD PAYMENT <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
CARD NUMBER	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
EXP. DATE	PAYMENT AMOUNT
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
SIGNATURE	PHONE NUMBER
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
NAME AS IT APPEARS ON CARD - PLEASE PRINT	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	